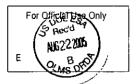


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U 1/2636

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name DANA CLARK	Name PLUMBERS AFE-CIO
	Labor Organization File Number 022-612
P.O. Box, 8ldg., Room No., if any	P.O. Box, Building and Room Number, if any PO BOX 887
Street 1220 DONALD BAILEY DRIVE	Street
City CASEYVILLE	City EAST SAINT LOUIS
State Illinois ZIP Code + 4 62232	State Illinois ZIP Code + 4 62203 - 0887
5. Position in labor organization. PRESIDENT	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N/A	N/A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	\$0;
State ZIP Code + 4	,
State ZIP Code + 4	nature
State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	nature f Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	nature f Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the



B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name N/A	,	
Trade Name, if any:	· a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street _	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	.N/A	
Trade Name, if any:	, }	
P.O. Box, Bldg., Room No., if any		
Street	j	
City	11.b. Approximate dollar value of such dealing. \$0	
Annual Control of the	12.a. Nature of interest held or income received. N/A	
State ZIP Code + 4		
	12.b. Amount. \$0	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	N/A	
Name N/A		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	`	
Street		
City	; ;	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant , ?	14.b. Amount of payment.	